

Kindergarten Oral Health Assessment Form

California law (*Education Code Section 49452.8*) says every child enrolled in kindergarten in a public school, and any child enrolled in first grade *who did not attend public school the previous year*, must have a dental check-up (assessment). It should be turned in at the beginning of the school year. A California licensed dental professional must do the check-up and fill out **Sections 2 and 3** of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Sections 2 and 3. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: <small>MM - DD - YYYY</small>
Address:			Apt.:
City:		Zip Code:	
School Name:	Teacher:	Grade:	Year child starts kindergarten: <small>YYYY</small>
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Nonbinary	
Child's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)			

Dental home information

Does your child visit the same dentist twice a year (once every 6 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have Health Plan of San Mateo Dental (HPSM Dental) insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no to above, does your child visit the dentist once a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental clinic name: _____ Dental clinic address: _____ Dentist name: _____ Dentist phone number: _____

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Caries experience is both past treatment (e.g., fillings, crowns) and/or untreated decay at the present time (e.g., untreated cavities).

INCORRECT ENTRIES		CORRECT ENTRIES	
<i>Untreated decay</i>	<i>Caries experience</i>	<i>Untreated decay</i>	<i>Caries experience</i>
Y	N	Y	Y
		N	Y
		N	N

Section 2: Oral health screening assessment

Assessment Date: MM – DD – YYYY Location: <input type="checkbox"/> Dental office <input type="checkbox"/> School <input type="checkbox"/> Other:	Untreated Decay (Visible Decay) <input type="checkbox"/> Yes (If yes, caries experience is automatically also Yes) <input type="checkbox"/> No	Caries Experience (untreated decay and/or fillings present- see examples above) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (Check all that apply): <input type="checkbox"/> Caries without pain or infection <input type="checkbox"/> Child would benefit from further evaluation <input type="checkbox"/> Child would benefit from sealants <input type="radio"/> Urgent care needed (Check all that apply): <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Infection <input type="checkbox"/> Soft tissue lesions		
_____	_____	_____
Licensed Dental Professional Signature	CA License Number	Date

Section 3: Follow-up to Urgent Care (Filled out by dental office or entity responsible for follow up)

Parent notified that child has urgent dental care need on: MM – DD – YYYY
A follow-up appointment for this child has been scheduled for: MM – DD – YYYY
Did child receive needed treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, entity responsible for follow-up is encouraged to check back in with parent) <input type="checkbox"/> I don't know

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return form to the school *no later* than by the end of your child's first school year.
Original to be kept in child's school record.

IMPORTANT NOTE FOR DENTAL PROVIDER: Caries experience is both past treatment (e.g., fillings, crowns) and/or untreated decay at the present time (e.g., untreated cavities).

INCORRECT ENTRIES		CORRECT ENTRIES	
Untreated decay	Caries experience	Untreated decay	Caries experience
Y	N	Y	Y
		N	Y
		N	N

Sección 2: Recopilación de datos de salud bucal (debe ser completada por un profesional dental autorizado de California) *Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)*

Fecha de la evaluación <i>Date of assessment:</i> MM – DD – AAAA	Caries sin tratar (deterioro visible presente) <i>Untreated decay (visible decay)</i> <input type="checkbox"/> Sí / Yes <input type="checkbox"/> No	Experiencia de caries (caries visibles y/o empastes presentes) <i>Caries experience (untreated decay and/or fillings present)</i> <input type="checkbox"/> Sí / Yes <input type="checkbox"/> No
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Urgencia del tratamiento / Treatment urgency

<input type="checkbox"/> No se encontró ningún problema obvio <i>No obvious problem found</i>	<input type="checkbox"/> Se recomienda atención dental temprana (caries sin dolor ni infección o al niño le beneficiaría el uso de selladores o una evaluación adicional). <i>Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation. Circle all that apply.)</i>	<input type="checkbox"/> Atención de urgencia necesaria (dolor, infección, hinchazón, o lesiones en el tejido suave) <i>Urgent care needed (pain, infection, swelling, or soft tissue lesions. Circle all that apply.)</i>
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_____ Firma de profesional dental autorizado <i>Licensed Dental Professional Signature</i>	_____ Número de licencia de CA <i>CA License Number</i>	_____ Fecha <i>Date</i>
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Sección 3: Seguimiento a Atención de Urgencia (debe ser completada por la entidad responsable del seguimiento) *Follow-up to Urgent Care (Filled out by entity responsible for follow up)*

El padre o la madre notificó que el menor tiene una necesidad urgente de atención dental el: <i>Parent notified that child has urgent dental care need on:</i>	MM – DD – AAAA
Se programó una cita de seguimiento para este menor para el: <i>A follow-up appointment for this child has been scheduled for:</i>	MM – DD – AAAA
¿El menor recibió el tratamiento necesario? Did child receive needed treatment? <input type="checkbox"/> Sí / Yes <input type="checkbox"/> No (Si la respuesta es "no", se recomienda que la entidad responsable del seguimiento se vuelva a comunicar con los padres) / <i>No (If no, entity responsible for follow-up will be encouraged to check back in with parent)</i> <input type="checkbox"/> No lo sé / <i>I don't know</i>	

La ley establece que las escuelas deben mantener la privacidad de la información de salud de los estudiantes. Gracias a esta ley, el nombre de su hijo no formará parte de ningún informe. Esta información solo se puede usar para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, llame a la escuela.

Devuelva este formulario a la escuela antes del fin del primer año escolar de su hijo.
El original de este formulario se guardará en el registro escolar del menor.